

## PART B - FEE(S) TRANSMITTAL

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03/01/2007

DRINKER BIDDLE & REATH LLP  
ATTN: PATENT DOCKET DEPT.  
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CHICAGO, IL 60606

05/09/2007 ADDRESS 00000053 070181 10527732

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Irina L. Mikitiouk (Depositor's name)

I. Mikitiouk (Signature)

May 3, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/527,732	08/26/2005	Bernhard Heuft	P2442US	8843

TITLE OF INVENTION: APPARATUS FOR THE DISTRIBUTION OF A RANDOM STREAM OF CYLINDRICAL ITEMS, FOR EXAMPLE DRINKS BOTTLES, INTO SEVERAL LANES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	06/01/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
HESS, DOUGLAS A	3651	198-445000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Heuft Systemtechnik GmbH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Burgbrohl, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-0181 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

Registration No.

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